



LOGO PLACEMENT

20XX-20XX

# Benefits Guide



Health • Financial • Work-Life



February 1, 20XX - January 31, 20XX

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

▶ **Open Enrollment:**  
Changes made during Open Enrollment are effective  
February 1, 20XX - January 31, 20XX.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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# Enrollment

Go to **PENDING**. There, you will find detailed information about the plans available to you and instructions for enrolling.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Kaiser HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Aetna PPO

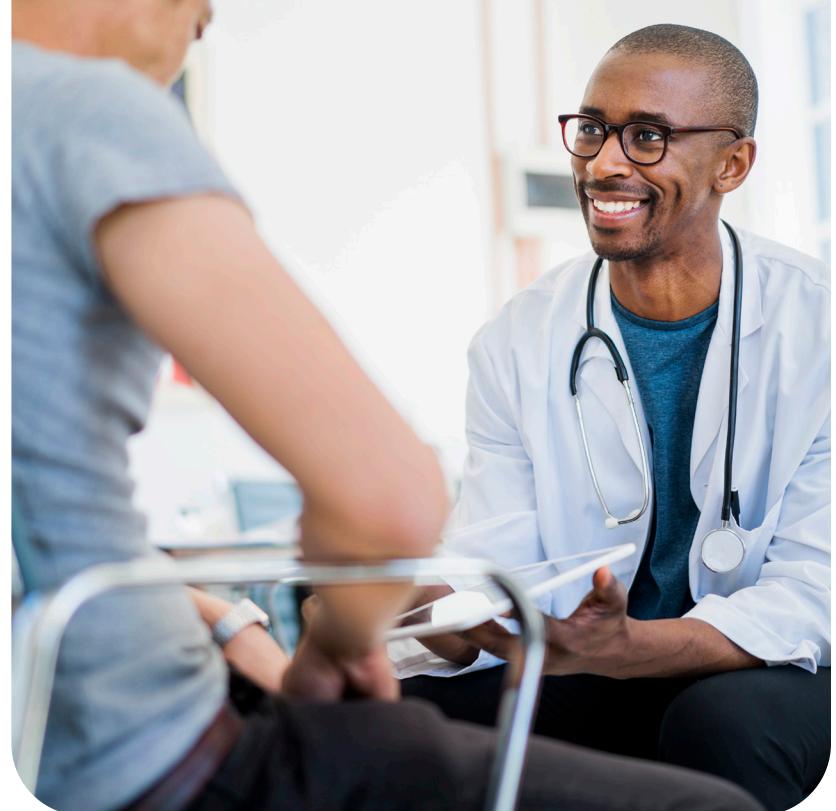
This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

## Aetna HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
  - ▶ The plan pays the full cost of qualified in-network preventive health care services.
  - ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
  - ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
  - ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- NOTE:** If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.



## The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute \$500 annually to your HSA if you enroll in employee-only coverage and \$1,000 annually if you enroll yourself and one or more family members.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- ▶ For a complete list of qualified health care expenses, refer to IRS Publication 502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Kaiser HMO		Aetna PPO		Aetna HSA	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	None / None	N/A / N/A	\$250 / \$750	\$750 / \$2,250	\$1,500 <sup>2</sup> / \$3,000 <sup>2</sup>	\$3,000 / \$6,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	None / None	N/A / N/A	\$2,500 / \$5,000	\$5,000 / \$15,000	\$3,000 <sup>3</sup> / \$6,000 <sup>3</sup>	\$6,000 / \$9,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)						
Individual / Family	N/A / N/A		N/A / N/A		\$500 / \$1,000	
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$20 / \$40 copay	N/A	\$20 / \$25 copay	30%*	10%*	30%*
Virtual Visits	\$20 copay	N/A	\$20 copay	Not covered	10%*	\$20 copay
Routine Preventive Care	No charge	N/A	No charge	30%	No charge	30%
Outpatient Diagnostic (lab/X-ray)	\$25 copay	N/A	10%*	30%*	\$25 copay	30%*
Complex Imaging	N/A	N/A	N/A	30%*	N/A	30%*
Chiropractic	\$20 copay	N/A	\$20 copay	30%*	\$20 copay	30%*
Ambulance	\$50 copay	N/A	\$50 copay	30%*	\$50 copay	30%*
Emergency Room	\$100 copay	N/A	\$100 copay	30%*	10%*	10%*
Urgent Care Facility	\$20 copay	N/A	N/A	30%*	10%*	30%*
Inpatient Hospital Stay	\$250 copay	N/A	10%*	30%*	10%*	30%*
Outpatient Surgery	\$100 copay	N/A	N/A	30%*	10%*	30%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)						
Retail Pharmacy (30-day supply)	\$15 / \$25 / \$40	N/A	\$15 / \$25 / \$40	\$30 / \$50 / \$80	\$15 / \$25 / \$40	30%*
Mail Order (90-day supply)	\$30 / \$50 / \$80	N/A	\$30 / \$50 / \$80	N/A	\$30 / \$50 / \$80	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.
4. N/A
5. N/A
6. N/A
7. N/A
8. N/A

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

## Cancer Indemnity

The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. MetLife Accident and Critical Illness Impact Study, October 2013  
2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168, December 2013.  
Agency for Healthcare Research and Quality, Rockville, MD.  
3. National Hospital Discharge Survey: 2010

# Dental

We are proud to offer you a choice of dental plans.

## Delta Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

## Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DHMO		Delta Dental DPPO	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	None / None	N/A / N/A	\$50 / \$150	\$150 / \$450
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)				
Per Individual	None	N/A	\$1,500	\$1,500
<b>Covered Services</b>				
<b>Preventive Services</b>	No charge	N/A	No charge	10%
<b>Basic Services</b>	See Schedule	N/A	10%	30%
<b>Major Services</b>	See Schedule	N/A	30%	50%
<b>Orthodontia</b> (Child only)	\$1,000 Max. Benefit	N/A	50%; \$1,000 Max. Benefit	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

# Vision

We are proud to offer you a vision plan.

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$40
<b>Materials Copay</b>	\$25	N/A
<b>Lenses</b> (once every 12 months)		
Single Vision		Up to \$50
Bifocal	No charge after materials copay	Up to \$60
Trifocal		Up to \$75
<b>Frames</b> (once every 24 months)	Covered up to \$130	Up to \$130
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$170	Up to \$130

## Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through Ceridian. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

### Health Care FSA

For 2021, you may contribute up to \$2,500 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Prescriptions and Over-the-Counter Products
- ▶ Menstrual Care
- ▶ Orthodontia
- ▶ Copayments
- ▶ Drugs
- ▶ Dental treatment
- ▶ Eye exams, materials, Lasik
- ▶ Deductibles

**NOTE: If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.**

### Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

### Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 201X, and must file claims by March 31, 201X.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Anthem.

<b>Benefit Amount</b>	2 times your base salary plus commissions, up to a \$500,000 maximum
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Anthem for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue<sup>1</sup></b>
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to \$500,000	\$150,000
<b>Spouse/RDP</b>	\$5,000 increments; minimum of \$5,000 up to \$250,000 (not to exceed 50% of your additional life coverage)	\$10,000
<b>Child(ren)</b>	Under age 26 - Up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through The Holman Group.

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Valuable Extras

We also offer the following additional benefits:

- ▶ 401(k) Retirement Plan
- ▶ 529 College Savings Plan
- ▶ Group Legal Plan
- ▶ Home and Auto Group Insurance
- ▶ Pet Insurance
- ▶ Travel Assistance (Company-paid)

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at **NO COST** to you an affordable group rate through Anthem.

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$600
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	13 weeks

## Voluntary Long-Term Disability

Provided at **NO COST** to you an affordable group rate through Anthem.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

## Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser	(555) 555-5555	<a href="http://www.kp.org">www.kp.org</a>
	Aetna	(555) 555-5555	<a href="http://www.aetna.com">www.aetna.com</a>
Voluntary Benefits	Aflac	(555) 555-5555	<a href="http://www.aflac.com">www.aflac.com</a>
Dental	Delta Dental	(555) 555-5555	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Vision Service Plan (VSP)	(555) 555-5555	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	Ceridian	(555) 555-5555	<a href="http://www.ceridian.com">www.ceridian.com</a>
Life/AD&D	Anthem	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Disability	Anthem	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Employee Assistance Program (EAP)	The Holman Group	(555) 555-5555	<a href="http://www.theholmangroup.com">www.theholmangroup.com</a>

## Benefits Website

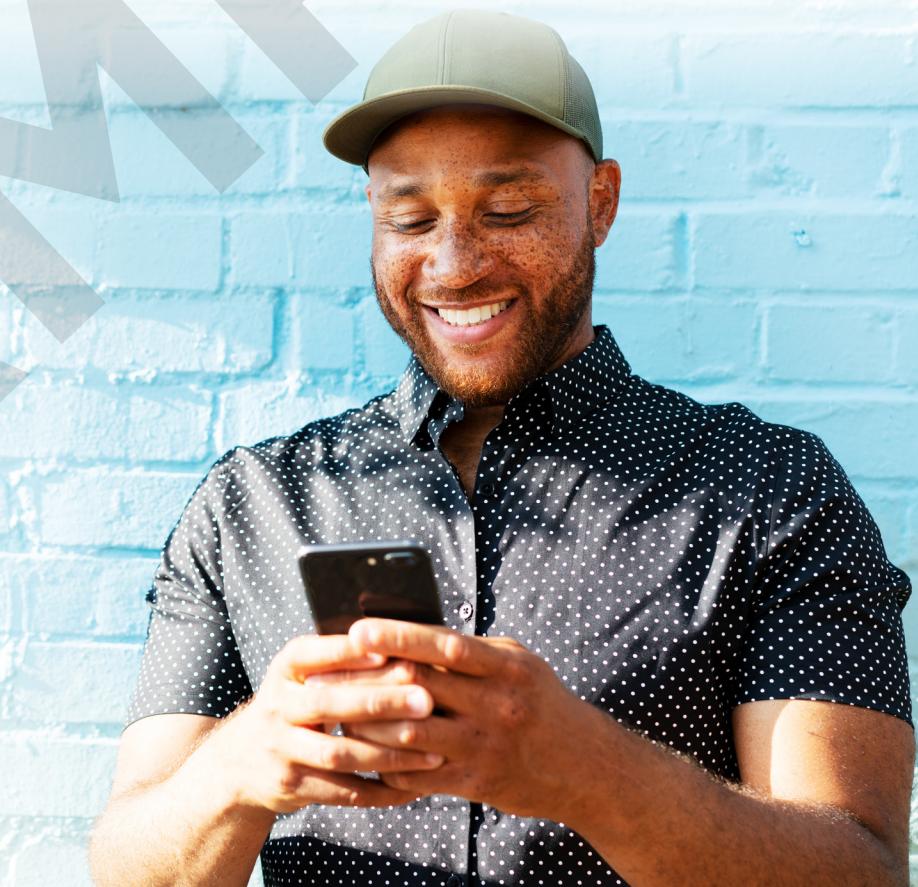
Our benefits website <http://www.samplebenefitswebsite.com> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

My Benefits Champion  
(555) 555-5555  
[champion@hubinternational.com](mailto:champion@hubinternational.com)

HR Team  
(555) 555-5555  
[hadmin@sample.com](mailto:hadmin@sample.com)



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